Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	4/23/2010	Address:	<u>CR11</u> 0 E
Case #:	<u>33-30126</u>		Bl,oomfield, IN
County:	Greene		
Type of Laboratory Seizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (o Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Water Reactive Metal (Lithium): Anhydrous Ammonia: open Hydrochloric Acid Gas Generator(s): Corrosive Acid:			
Child under Yes No *If yes, fax rep This report	r age 18 discovered (check one) (number present) ort to Child Protective Services is to be faxed to the following agen ment: Linton Fire Dept	☐ Ephedrine ☐ Retail/Me ☐ Other: <u>TX</u> acies that serve the lo Fax: <u>Hand o</u>	<u>cation</u> : lelivered
Child Protec	rtment: Greene Co Health tion Service:	Fax: <u>812-384-2037</u> Fax:	
Investigating	nformation regarding this methamph g Officer: <u>Jon Patrick</u> Pho	ne <u>812-332-4411</u>	

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.